

Colorado Cancer Coalition Priorities: 2016-2018

Option 8 of 10: Survivorship & End of Life Care: Survivor Health

Presenter: Sandy Priestler, MBA, CHTP, RMT, Life Spark Cancer Resources

Goal 8: Improved physical, mental and social well-being among cancer survivors^{#+}

Objective 8.1: Improve physical health among cancer survivors.

Objective 8.2: Improve mental health among cancer survivors.

^{*} Aligned with the World Health Organization's definition of health

[^] Includes all cancer survivors, regardless of treatment status (e.g., in treatment, post-treatment)

→ 8.1 Strategies

- Educate oncology providers on tobacco counseling and referral services.
- Implement evidence-based tobacco cessation programs in the cancer survivor population and advance policies that reduce out-of-pocket costs for evidence-based cessation treatments, such as medication and counseling.
- Track QuitLine calls from cancer survivors and provide direct education to survivors on the effects of tobacco on treatment efficacy, recurrence risk and second cancers.
- Implement evidence-based health behavior change and self-management programs for, or adapted to, the cancer survivor population.
- Educate survivors on maintaining a healthy lifestyle as a way to decrease the risk of cancer recurrence, side effects from treatment, additional primary cancers and/or other co-morbidities.
- Assess the availability and use of cancer rehabilitation services, including those provided in clinical settings, community programs, and by personal trainers with advanced certification in oncology rehabilitation. Increase access where needed.
- Assess the availability and use of oncology-certified Registered Dietitians who provide services to cancer survivors. Increase access as needed.
- Implement evidence-based complementary and alternative therapies. Implement research projects to measure the effectiveness of non-clinical approaches (e.g., yoga or massage) on cancer survivor quality of life.
- Educate employers and providers about the physical needs of cancer survivors.
- Educate school administrators, teachers and support staff on the needs of children during and after cancer treatment.
- Provide a mechanism for consolidated state cancer resources such as a directory or referral service that includes mental health and spans all age ranges.
- Assess health insurance coverage of supportive services related to physical health for cancer survivors and identify gaps, barriers and solutions.

→ 8.1 Measures

	Data Source	Baseline	2020 Target
Cancer survivors ages 18+ who are current smokers	BRFSS 2014	12.4%	9.3%
Cancer survivors ages 18+ who report no leisure time physical activity in the past 30 days	BRFSS 2014	21.1%	19.9%
Cancer survivors ages 18+ who report poor physical health on 14 or more of the past 30 days	BRFSS 2014	20.6%	15%
Cancer survivors ages 18+ who report	BRFSS 2013	62.9%	65.7%

Colorado Cancer Coalition Priorities: 2016-2018

eating at least one fruit and one vegetable per day			
Cancer survivors ages 18+ who are obese or overweight	BRFSS 2014	60%	50.8%

→ 8.2 Strategies

- Support physical and behavioral health integration initiatives in Colorado (e.g., State Innovation Model grant).
- Provide access to research-tested psychosocial support programs, such as those found on R-TIPS, for survivors and caregivers. Assess and address availability of these services in rural regions.
- Develop and implement research projects to measure the effectiveness of support groups or other psychosocial interventions for understudied cancer types.
- Educate employers and providers about the mental and emotional needs of cancer survivors and resources available to support them.
- Establish and implement policies and protocols at hospitals, treatment centers and medical offices to ensure provision of distress screening during pivotal medical visits. Support referrals and follow-up services based on the screening assessment.
- Conduct a literature review of transition clinic outcomes to identify mental health needs among pediatric, adolescent and young adult survivors.
- Educate school administrators, teachers and support staff on the behavioral health needs of children during and after cancer treatment.
- Develop model policies for schools that support pediatric and adolescent survivors' successful transition back to school.
- Provide a mechanism for consolidated state cancer resources such as a directory or referral service that includes mental health and spans all age ranges.
- Promote and assess promising practices provided in and outside of clinical settings to improve mental and emotional health (e.g., yoga, meditation or mentor programs).

→ 8.2 Measures

	Data Source	Baseline	2020 Target
Cancer survivors who report poor mental health on 14 or more of the past 30 days	BRFSS 2014	13.1%	11.1%
Individuals with at least one completed and documented psychosocial distress screen during the course of cancer treatment	CO CoC Hospitals	TBD ^{^^^}	TBD
Individuals with elevated distress based on the distress screen who have documented supportive care referrals	CO CoC Hospitals	TBD ^{^^^}	TBD

^{^^^} Colorado's cancer community, in partnership with Commission on Cancer (CoC) accredited hospitals in the state, will explore options to gather and analyze distress screening and referral data

→ What we know about the problem

As our Colorado population ages, increasing numbers of people will be diagnosed with cancer, and will live to become survivors. There are currently over 200,000 cancer survivors in Colorado, and this number will continue to increase. They deserve a better life, one without undue physical and emotional distress. We owe it to our families, loved ones, and community to create an infrastructure of support that creates health and well-being.

- **Healthy behaviors matter.** Smoking and higher alcohol consumption are both linked to cancer. Eating

Colorado Cancer Coalition Priorities: 2016-2018

more fruits and vegetables, exercising, and keeping one's weight down, have a significant impact on survival. [Evidenced by 100's of studies]

- **Mental/emotional health matters.** Stress weakens the immune system [evidenced by 100's of studies]. Depressed cancer patients die significantly sooner than non-depressed patients [1]. People who are battling an illness and have an overall positive attitude live significantly longer than people who are battling an illness and are pessimistic. [2]
- **Social support matters.** People with more social connections live significantly longer [3], and have lower cancer rates [4]. Social connection may have a greater impact on longevity than smoking, diet, or exercise [5].
- **Spiritual practices can help.** Religious affiliation and connection to a faith community, and/or practices such as meditation, yoga, and tai chi improve physical health (improved circulation, better sleep, stronger immune system) and the mind (less stress, more empathy). They improve quality of life and overall health. [6, + dozens of studies]
- **Complementary therapies can help.** Therapies such as massage, acupuncture, Reiki, and Healing Touch can reduce pain, fatigue, depression, and stress, helping cancer survivors feel more peaceful and physically comfortable. [7 + dozens of studies in each category.]
- **Physical Health Measures:** We use BRFSS as our data source to measure physical health including the incidence of smoking, physical activity, perceived poor physical health, and eating fruits and vegetables. These are reliable measures that we can track progress against.
- **Mental Health Measures:** Our only measure through BRFSS for mental health is for a clinical level of distress. We may need to find another data source for mental/emotional health, or consider adding questions to BFRSS in areas such as well-being, positive attitudes, social support, and spiritual practices.

→ Why should CCC members prioritize this area of work?

Prioritization factors	Considerations	Notes
Likelihood of Population Impact	There are over 200,000 cancer survivors in Colorado. Increasing healthy behaviors and improving mental health among cancer survivors will have a direct impact on quality of life and survival.	
Evidence of Feasibility	Changing lifestyle habits such as exercise and diet can be challenging because they require long-term modification by the patient. Education, mental/emotional attitudes, and for many, social support may be key to success. There are many examples of successful programs that can be implemented or used as models.	
Established Need	According to our data source, BRFSS, even though smoking rates have decreased substantially, 12% of cancer survivors still smoke. Over 20% of cancer survivors are not physically active, nearly 40% are not eating fruits and vegetables, and 60% are obese or overweight. 13% have a clinical level of distress. However, this does not measure lower levels of distress that impact quality	

Colorado Cancer Coalition Priorities: 2016-2018

	of life, and affect outcomes.	
Measurability	BRFSS gives us some good measures for physical health among cancer survivors as well as a measure for clinical distress. We need additional measures to track quality of life and mental/emotional health.	
Collective Impact	The coalition can have significant impact in some of the strategies, such as creating a consolidated state resource for services, and working to educate about and give access to these resources. The strategies that involve research of complementary therapies and other psychosocial practices may be more difficult to achieve, but could have a high impact on their future use.	
Identified Gaps	There is a gap in trackable measures for mental and emotional health. There is also a need for more research on complementary therapies and promising practices.	
Opportunities for Leveraging partnerships	There are many opportunities to partner across geographical areas, and between cancer centers and community organizations. Collaboration and resource sharing could build evidence on existing programs, and potentially replicate them in other settings and geographical areas.	
Political/ community support	There is significant interest among the general public in health and wellness, with an emphasis on exercise, better nutrition, spiritual practices, and complementary therapies. Colorado is the leader in the nation in health, and we can capitalize on this interest.	

Would you or your organization commit to helping with this priority?

Colorado Cancer Coalition Priorities: 2016-2018

Colorado Cancer Coalition Priorities: 2016-2018

Citations

- [1] C.M. Watson et al., "Influence of Psychological Response on Survival in Breast Cancer: A Population-Based Cohort Study," The Lancet 354, no. 9187 (October 16, 1999): 1331-36; M. Piquart and P.R. Duberstein, "Depression and Cancer Mortality: A Meta-Analysis," Psychological Medicine 40, no. 11 (November 2010): 1797-810; W.F. Pirl et al., "Depression and Survival in Metastatic Non-Small-Cell Lung Cancer: Effects of Early Palliative Care," Journal of Clinical Oncology 30, no. 12 (April 20, 2012): 1310-15; H. Faller and M. Schmidt, "Prognostic Value of Depressive Coping and Depression in Survival of Lung Cancer Patients," Psycho-oncology 13, no. 5 (May 2004): 359-63; J.s. Goodwin, D.D. Zhang, and G.V. Ostir, "Effect of Depression on Diagnosis, Treatment, and Survival of Older Women with Breast Cancer," Journal of the American Geriatrics Society 52, no. 1 (January 2004): 106-11; J. Giese-Davis et al., "Decrease in Depression Symptoms Is Associated with Longer Survival in Patients with Metastatic Breast Cancer: A Secondary Analysis," Journal of Clinical Oncology 29, no. 4 (February 1, 2011): 413-20.
- [2] S.M. Lamers et al., "The Impact of Emotional Well-Being on Long-Term Recovery and Survival in Physical Illness: A Meta-Analysis," Journal of Behavioral Medicine 35, no 5 (October 2012): 538-47; Y.Chida and A Steptone, "Positive Psychological Well-Being and Mortality: A Quantitative Review of Prospective Observational Studies," Psychosomatic Medicine 70, no. 7 (September 2008): 741-56.
- [3] L.F. Berkman and S. L. Syme, "Social Networks, Host Resistance, and Mortality: A Nine-Year Follow-up Study of Alameda County Residents," American Journal of Epidemiology 109, no. 2 (February 1979): 186-204; T.A.Glass et al., "Population Based Study of Social and Productive Activities as Predictors of Survival Among Elderly Americans," British Medical Journal 319, no. 7208 (August 21, 1999): 478-83; L.C. Giles et al., "Effect of Social Networks on Ten Year Survival in Very Old Australians: The Australian Longitudinal Study of Aging," Journal of Epidemiology and Community Health 59, no. 7 (July 2005): 574-79; J. S. House, C. Robbins, and H. L. Metzner, "The Association of Social Relationships and Activities with Mortality: Prospective Evidence from the Tecumseh Community Health Study," American Journal of Epidemiology 116, no. 1 (July 1982): 123-40.
- [4] P. Reynolds et al., "The Relationship Between Social Ties and Survival Among Black and White Breast Cancer Patients: National Cancer Institute Black/White Cancer Survival Study Group," Cancer Epidemiology, Biomarkers, and Prevention: A Publication of the American Association for Cancer Research, Cosponsored by the American Society of Preventive Oncology 3, no 3 (April/May 1994): 253-59.
- [5] L.F. Berkman and S. L. Syme, "Social Networks, Host Resistance, and Mortality: A Nine-Year Follow-up Study of Alameda County Residents," American Journal of Epidemiology 109, no. 2 (February 1979): 186-204; T.A.Glass et al., "Population based Study of Social and Productive Activities as Predictors of Survival Among Elderly Americans," British Medical Journal 319, no 7208 (August 21, 1999): 478-83; S Wolf and J. G. Bruhn, The Power of the Clan: The Influence of

Colorado Cancer Coalition Priorities: 2016-2018

Human Relationships on Heart Disease (Piscataway, NJ: Transaction Publishers, 1998); C.J. Holahan et al., "Late-Life Alcohol Consumption and Twenty-Year Mortality," *Alcoholism, Clinical and Experimental Research* 34, no. 11 (November 2010): 1961-71.

[6] B.K. Holzel et al., "Mindfulness Practice Leads to Increases in Regional Brain Gray Matter Density," *Psychiatry Research* 191, no. 1 (January 30, 2011): 36-43; R.J. Davidson et al., "Alterations in Brain and Immune Function Produced by Mindfulness Meditation," *Psychosomatic Medicine* 65, no. 4 (July/August 2003): 564-70; T.L. Jacobs et al., "Intensive Meditation Training, Immune Cell Telomerase Activity, and Psychological Mediators," *Psychoneuroendocrinology* 36, no.5 (June 2011): 664-81; J.A. Dusek et al., "Genomic Counter-Stress Changes Induced by the Relaxation Response," *PLOS ONE* 3, no. 7 (2008): e2576.itations.

[7] Marcus et al., "Symptomatic Improvement Reporting After Receiving Reiki at a Cancer Infusion Center," *American Journal of Hospice and Palliative Care* 30, (2013): 216-217; J.G. Anderson et al., "Biofield Therapies and Cancer Pain," *Clinical Journal of Oncology Nursing* 16, (2012): 43-48; J.G. Anderson et al., "Effects of Healing Touch in Clinical Practice: A Systematic Review of Randomized Clinical Trials," *Journal of Holistic Nursing* 29 (2011): 221-228; S.C. Danhauer et al., "Healing Touch as a Supportive Intervention for Adult Acute Leukemia Patients: A Pilot Investigation of Effects on Distress and Symptoms," *Journal of the Society for Integrative Oncology* 6, (2008): 89-97; K. Tsang et al., Pilot Crossover Trial of Reiki Versus Rest for Treating Cancer-related Fatigue," *Integrative Cancer Therapies*, 6(1): 25-35, 2007.; A.G. Shore, Long Term Effects of Energetic Healing on Symptoms of Psychological Depression and Self-perceived Stress," *Alternative Therapies in Health and Medicine*, 10(3), 42-48, 2004; K Olson et al., "A Phase II Trial of Reiki for the Management of Pain in Advanced Cancer Patients," *Journal of Pain Symptom Management*, 26(5): 990-997, 2003.